RECEIVED

UNITED STATES DISTRICT COURT NORTHERN DISTRICT OF ILLINOIS EASTERN DIVISION

13 2007 aew DEC 13 2007 MICHAEL W. DOBBINS CLERK, U.S. DISTRICT COURT

James M WORTHERN	
(Enter above the full name of the plaintiff or plaintiffs in this action)	
vs.	Case No: 07 C 6687
DR. Carasquillo	(To be supplied by the <u>Clerk of this Court</u>)
DR. A. Ting	
paramedic Ms. Douglas	
TOM DarT-SHEriff	
Chief wright	
(Enter above the full name of ALL defendants in this action. Do not use "et al.")	2
CHECK ONE ONLY: AMENDED	
COMPLAINT UNDER TH U.S. Code (state, county, or	E CIVIL RIGHTS ACT, TITLE 42 SECTION 1983 municipal defendants)
COMPLAINT UNDER THE 28 SECTION 1331 U.S. Co	E CONSTITUTION ("BIVENS" ACTION), TITLE de (federal defendants)
OTHER (cite statute, if known	wn)
DEFORE BY LING OVER MYTTE CO.	

BEFORE FILLING OUT THIS COMPLAINT, PLEASE REFER TO "INSTRUCTIONS FOR FILING." FOLLOW THESE INSTRUCTIONS CAREFULLY.

II. Defendant(s):

- D. Defendant: Chief Wright Title: Chief Cpt of operations. Place OF Employment: COOK County Jail
- E. Defendant; Salvador Godinez Title: Director of Cook county Jail Place of employment: cook county Jail
- F. Defendant: Ms. colon-Receiving NUTSe.
 Title: NUTSe in Recieving
 Place of EMPloyment: Coox, county Jail
- G. Defendant: Ms. Williams Title: Psych = 7Hern - Receiving. Place of employment: COOK COUNTY Jail
- H: Defendant: Gary Hickerson Title: Superzhendant of Division S Place of employment: Cook, county Jail.

I.	Plaintiff(s):	
	A.	Name: JOMES M WORTHEM
	B.	List all aliases: David Scott
	C.	Prisoner identification number: 2007-0071905
	D.	Place of present confinement: COOH COUNTY Jail
	E.	Address: P.O. BOX 089002, Chicago ZII, 60608
	numb	ere is more than one plaintiff, then each plaintiff must list his or her name, aliases, I.D. er, place of confinement, and current address according to the above format on a ate sheet of paper.)
II.	Defendant(s): (In A below, place the full name of the first defendant in the first blank, his or her off position in the second blank, and his or her place of employment in the third blank. Sp for two additional defendants is provided in B and C.)	
	A.	Defendant: MS. Carasquillo
		Title: Doctor
		Place of Employment: COOX COUNTY Jail
	B.	Defendant: MR, A. TING
		Title: DOCTOR
		Place of Employment: COOK COUNTY Jail
	C.	Defendant: TOW DarT
		Title: SHETIFF OF COOK COUNTY
		Place of Employment: COOX COUNTY Jail

(If you have more than three defendants, then all additional defendants must be listed according to the above format on a separate sheet of paper.)

Lis co	st ALL lawsuits you (and your co-plaintiffs, if any) have filed in any state or federal art in the United States:
A.	Name of case and docket number: 67.0-6589
В.	Approximate date of filing lawsuit: 11/21/07
C.	List all plaintiffs (if you had co-plaintiffs), including any aliases: TAMES M WORTHOM ALA DAVID SCOTT
D.	List all defendants: <u>Salvador Godinez</u> , SG+ Moore, 90 COOK, 90 D-Malley, 90 Boyle, etc.
E.	Court in which the lawsuit was filed (if federal court, name the district; if state court, name the county): Northern District Of Zlinois
F.	Name of judge to whom case was assigned: Magistrate Judge CO
G.	Basic claim made: Health Safe Assault by Sheriff and a separate assault by Detainer of whom Got a Felony assault charge
Н.	Disposition of this case (for example: Was the case dismissed? Was it appealed? Is it still pending?):
I.	Approximate date of disposition:

IF YOU HAVE FILED MORE THAN ONE LAWSUIT, THEN YOU MUST DESCRIBE THE ADDITIONAL LAWSUITS ON ANOTHER PIECE OF PAPER, USING THIS SAME FORMAT. REGARDLESS OF HOW MANY CASES YOU HAVE PREVIOUSLY FILED, YOU WILL NOT BE EXCUSED FROM FILLING OUT THIS SECTION COMPLETELY, AND FAILURE TO DO SO MAY RESULT IN DISMISSAL OF YOUR CASE. COPLAINTIFFS MUST ALSO LIST ALL CASES THEY HAVE FILED.

IV. Statement of Claim:

State here as briefly as possible the facts of your case. Describe how each defendant is involved, including names, dates, and places. **Do not give any legal arguments or cite any cases or statutes.** If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. (Use as much space as you need. Attach extra sheets if necessary.)

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DR. Carasquillo is faithy of Violations Due to her Not affording he that Medical need also, and then she broke Doctor/patient privilege by Disrespecting Me in front of other Staff by telling we the only way z could of Gotten Spit in my mouth is if the Spitter put his tongle in My mouth and very degrading, She even seen all the Sores in my Mouth. then she and DR. ting continues to fine he the wrong Medications for all these Red Spotted break outs attorer my body and when DR. ting Said I Might be allergic to Something In Weding or Do to Sheets = was Given a prescription for clothing change but 90 Sandoval Gave it to Chief wright and he Stated who does this guy think he is and threw it in the Garbage, on 11/18/5/67 = was taken to beceiving on these Red spotted breakouts and Paramedic Douglas of whom has Also Deviled he Renewal on my astha Dump 3x now, She was Suppose to send hie to the E.R. Also concerning these Red break outs but Refused. I also showed these Red spots to Supt hickerson of Whom also Ignored it and Denied he medical Attention and Since Director Godinez Should be aware of all Tracidents that occurs down the Line and Sheriff Town Dart is Responsible for the Safety and security and Health issues of all he tends to Keep in his Jail then he is as Burgarageous as the ones who work for him. Thank you. I repeatedly complain of back/ Lead pains from all My Derious Assaults but am Denied Nedical proper attention.

V. Relief:

State briefly exactly what you want the court to do for you. Make no legal arguments. Cite no cases or statutes.

Just that your magistrate see that I am & Victim
Of Medical Malpractice and crief and unusual punishments.
I would like the court to award he with Duitative
and compensatory ramages for Mental Anguish Dhusical
Daw and Suffering and 20 Million Dollars Fire Ciciologic,
Officials Ignoring My Serious Nedical Issues and Attorneys
1005 - 1001/ 1/01/ 1001
VI. The plaintiff demands that the case be tried by a jury. YES NO

CERTIFICATION

By signing this Complaint, I certify that the facts stated in this Complaint are true to the best of my knowledge, information and belief. I understand that if this certification is not correct, I may be subject to sanctions by the Court.

Signed this 6th day of DCC, 2007
James M Warthom
(Signature of plaintiff or plaintiffs)
James M Worthern
(Print name)
2007-0071905
(I.D. Number) James M WORTHEM
D.O. BOX 089002
Chicago =11, 60608
(Address)

Case 1:07-cv-06687 Document 6

CANT - Please Nave a Copy of
Thank your

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Part-A / Control # 2007 X 2349Referred To: 50/7 600 # 5

Processed as a request.

COOK COUNTY DEPARTMENT OF CORRECTIONS **DETAINEE GRIEVANCE**

w. South
Detainee Last Name: Wikther First Name: XVIICS
ID #: 2007 - 607 1905 Div.: 5 Living Unit: 1006 Date: 11 107
BRIEF SUMMARY OF THE COMPLAINT: Z ARRANED DUCK ON 1-10-CO 1116/67
and on 11/8/07 - noticed the Shower floor stopped up will
Filthy water Due to Drain back up and I and other between
brought it zmmediately to the attention of CT. Julian and
other C.C.J. Officials of whom constantly cherkers among
Matters that ancern Health issues and safety and santata.
nothing has been done of this problem and I and there
Detainces now have athletes foot and tee fungus bad. Also as
MK. Hickerson Has Responded to My other Girevance on the
Hatter of food handling. NO Determon is of you wereing appearance of soud trays asky eggs. Why are not my off and other cells have any for more this is an zilegal assert and c. C. J. officials are extracted.
why are not my and other cells have any Hot wife
This is an I legal I ssee and c.c. t. officials are lextrained and their Downers to lock up between the
NAME OF STAFF OR DETAINEE(S) HAVING INFORMATION REGARDING THIS COMPLAINT: DIVINOUS AND CONTRACTOR OF THE CONTRACTOR OF T
CIC HEITERY GO FUNCIOS, GO SUNDOVAI, SIGH RODINSON, DEFECTOR COLLINSON ACTION THAT YOU ARE REQUESTING: THAT THOSE ESCUES DE ATTENDED TO COLLINSON OF THE COLD TO COLD TO COLD TO COLLINSON OF THE COLD TO COLLINSON OF THE COLD TO C
ACTIONS ON State and reducin Guide ines and it is state
DETAINEE SIGNATURE: JAMOS WINTER ALA STUDE ACT
C.R.W.'S SIGNATURE: A. J. W. W. DATE C.R.W. RECEIVED: 1/ 123/07
Please note: Decisions of the "Detainee Disciplinary Hearing Board" cannot be grieved or appealed through the use of a grievance form.

All appeals must be made in writing and directly submitted to the Superintendent.